



GOVERNOR’S ALASKA COUNCIL ON EMS AWARD NOMINATION FORM



Name of Nominator:	Nominator’s EMS Service, if applicable:
Mailing Address:	Work Telephone:
	Home Telephone:
	E-mail Address:
Relationship, if any, to Nominee (eg., personal, financial, employment):	
Name of Award Nominee:	Nominee’s EMS Service, if applicable:
Mailing Address:	Work Telephone:
	Home Telephone:
	E-mail Address:
Reasons for nomination and how Nominee meets the Award criteria (use continuation page if needed):	
<div style="display: flex; justify-content: space-between;"> Signature of Nominator: Date: </div>	

Continuation page: